

10/530799

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Abdelkader Gaid |
| Title | Water Treatment Method... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 4195-021 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24112

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

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Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-------------------|---|-----------|---------|
| Signature |  | Date | 3/03/05 |
| Name | L. HERREMANS | Telephone | |
| Title and Company | Technical Manager OTV SA | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/530799

PTO/SB/01 (09-04)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 4195-021
First Named Inventor Abdelkader Gaïd

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WATER TREATMENT METHOD USING AN INORGANIC POWDER REAGENT WITH
HIGH SPECIFIC SURFACE AREA INCLUDING A STEP OF RECYCLING SAID
REAGENT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| | | | | YES | NO |
| PCT/FR03/03455 | PCT | November 21, 2003 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 02 14697 | France | Nov. 22, 2002 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

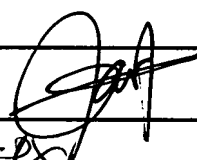
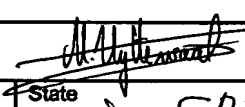
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

| | | | |
|---|-----------|---|---------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: 24112 | | OR <input type="checkbox"/> Correspondence address below | |
| Name | | | |
| Address | | | |
| City | | State | ZIP |
| Country | Telephone | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| <u>Abdelkader</u> | | <u>GAID</u> | |
| Inventor's Signature  | | | Date <u>9/03/05</u> |
| Residence: City | State | Country | Citizenship |
| <u>Paris</u> | <u>FR</u> | <u>France</u> | <u>France</u> |
| Mailing Address | | | |
| <u>16 rue d'Alesia</u> | | | |
| City | State | Zip | Country |
| <u>Paris</u> | | <u>75014</u> | <u>France</u> |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| <u>Mickael</u> | | <u>Uyttewaal</u> | |
| Inventor's Signature  | | | Date <u>3/03/05</u> |
| Residence: City | State | Country | Citizenship |
| <u>Saint-Maur Des Fosses</u> | <u>FR</u> | <u>France</u> | <u>France</u> |
| Mailing Address | | | |
| <u>75 avenue de Marinville</u> | | | |
| City | State | Zip | Country |
| <u>Saint-Maur des Fosses</u> | | <u>94100</u> | <u>France</u> |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | |

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 23 of 23**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Annie

Tatiana

Inventor's
Signature

Date 9/3/05

Asnieres
Residence: City

State

France
CountryFrance
Citizenship

75 rue RP Christian Gilbert

Mailing Address

Asnieres
City

State

92600
ZipFrance
Country**Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

Zip

Country

Name of Additional Joint Inventor, if any:☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

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